RI SOS Filing Number: 202194979410 Date: 3/25/2021 4:00:00 PM

State of Rhode Island and Department of Sta	Division	ivision FILED					
Annual Report for the year: 2021 Corporation			-	- MAR 2 5 2021			
<ul> <li>→ Filing period January 1 - March 1</li> <li>→ Filing Fee \$50.00</li> <li>→ Penalty: Additional \$25.00 fee if form is not filed by April 1.</li> </ul>				MAR 25 2021 - V & 9.076			
1 Entity ID Number		of the Corporation	ı	<del></del>			
59947	HONG KON	NG, INC.		<u> </u>			
3. Principal Office Address			City		State	Zip	
77 Washington Street			West Warwin		RI	02893	
4 NAICS Code 722511	6. Brief descripti	ion of the characte	er of business co	onducted in Rhode Isl	and		
5 State of Incorporation RHODE ISLAND		To own, conduct, operate, maintain, and carry on the business of a full service restaurant					
	7 List ALL officers (names and addresses) Check the box to indicate an attachment 🗖						
President Name Kwok Kin Sit			Vice-President	Vice-President Name Kwok Kin Sit			
Street Address 77 Washington Str			Street Address	77 Washington Stre	et		
City West Warwick	Stale RI	<sup>Zıp</sup> 02893	City West Wa	rwick	State RI	<sup>Z<sub>1</sub>p</sup> 02893	
Secretary Name Kwok Kin Sit				Treasurer Name Kwok Kin Sit			
Street Address 77 Washington Str			Street Address	77 Washington Stre	eet		
<sup>City</sup> West Warwick	State RI	<sup>Zip</sup> 02893	City West Wa	ırwick	State RI	<sup>Z<sub>IP</sub></sup> 02893	
8 List ALL directors (names and a Director Name	addresses)		Tribinatur Marne	Check t	he box to in	ndicate an attachment 🔲	
None None			Director Name	None			
Street Address			Street Address				
City	State	Zip	City		State	Żıp	
Director Name None			Director Name	None			
Street Address			Street Address				
City	State	Ζιρ	Спу	<del></del>	State	Zip	
9 Shares Authorized		10 Shares Issu				ndicate an attachment 🔲	
This information is currently of reco Department of State.	ord in the	NUMBER OF	SHARES	C. ASS/SER'ES COMMON		PAR VALUE  NO PAR	
Changes require an additional filing	Changes require an additional filing.						
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.							
Under penalty of perjury, I declar	lare and affirm tha	at I have examine	ed this report, in	ncluding any accom	panying se	chedules and	
Statements, and that all statements contained herein are true and correct.  Name of Authorized Representative.  Date							
KWOK KIN SIT	in Si	<u> </u>			1	1 3 2021	
Signature of Authorized Representative							

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615 Phone: (401)-222-3040 Website: www.sos.ri gov